2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000963

FILED Apr 27, 2009 Secretary of State

Entity Name: THE NAT MOORE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162 FEI Number: 65-0815097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSIER, ALICIA C MOORE, NAT 16911 NE 6TH AVENUE 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162 US US NORTH MIAMI BEACH, FL 33162 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: NAT MOORE 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SERGIO, PEREIRA Name: Name: PO BOX 331990 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PECHON, BOB Name: Address: 18005 CORONADO TERR. Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, JESSE Name: Name: 6450 NW 35TH AVE. Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MOORE, NAT Name: 4911 NE 6TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: Title: () Delete Title: () Change () Addition CARPENTER, WILLIE Name: Name: 28801 SW 157 AVE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition BEARD, WENDALL Name: Name: Address: 16903 SW 79TH PLACE Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAT MOORE MR. 04/27/2009